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ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write without breaks, *i. e.*, do not begin a new sentence on a new line. When you want to begin a new line or paragraph at a given word, place before it in your MS. the Sign ¶ Draw a line along the margin of such paragraphs as should be printed in smaller type, for instance, all that is clinical history in reports of cases, etc. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

ENDOCERVICITIS.

[Read before the "Society of Physicians and Surgeons," San Francisco, by
D. Ma lean, M. D.]

THIS is a very common affection and frequently resists the most careful and persistent treatment. It is a disease that is on the increase, and should be thoroughly understood by the general practitioner, as well as by the specialist. The demands of society; the means to prevent conception; the common occurrence of abortion, and the interference with the process of involution, through imprudence or mismanagement, during the puerpural period—are the most prominent causes that tend to this increase.

In order fully to comprehend the nature of the difficulty, and have a clear conception of its proper management, it is necessary to understand the anatomy and physiology of the tissues involved, and their pathological condition in disease.

Normally the mucous membrane lies in folds, which increase its surface, and give it an arborescent appearance. It is lined with columnar ciliated epithelium, and studded with numerous follicles, estimated as high as 10,000, which penetrate its entire thickness. These follicles may be considered as depressions of the mucous membrane, as they are lined with the same ciliated epithelium. They secrete a clear, tenacious fluid, of alkaline reaction. Each follicle is surrounded with blood-vessels, which ultimately

form a complete network on the surface of the membrane. Numerous villi, of a clavate shape, also cover the surface, more abundant, however, in the lower half of the canal.

In disease, the glands alone may be involved, or the inflammation may extend to the entire structure. The character of the discharge is changed into a tough, glairy, viscid secretion, sometimes acrid and purulent, and excessive in quantity. When the inflammation involves the interglandular surface, a granular degeneration is added to the existing difficulty. Endocervicitis, like all inflammatory diseases, produces paralysis of the vaso-motor nerves, enlargement of the blood-vessels, and defective nutrition of the parts affected. If the disease exists for any length of time, we have constitutional disturbance. The patient becomes anæmic, nervous, and irritable. The appetite is impaired, digestion imperfect, and the blood impoverished.

These are the conditions we have to overcome. Our treatment must be directed to arrest the inflammation, control the hypersecretion, and heal the eroded surface. We must use such means as shall correct the faulty action, and restore the normal function. They will necessarily be of a two fold character—*general* and *local*. We must first endeavor to remove the cause, whatever it may be, and enjoin correct habits of eating, bathing and exercise. Sexual excess must be avoided, and in many cases total abstinence enforced; every means used to increase the appetite, and promote digestion; strict attention given to the bowels, as they are usually constipated; the nervous system toned, and the circulation controlled.

The diet must be nutritious, easily digested, and non-stimulating in its character. The tendency to anæmia must be combatted. No hygienic system of starvation is admissible. Sponge and cold hip baths are valuable adjuncts to medication. They cause a strong reaction to the skin, and relieve the internal organs. An occasional Turkish bath will also be found useful, more especially in cases suffering from pelvic neuralgic pains.

As tonics, quinine, iron, strychnine, phosphorus, and the mineral acids are invaluable. Quinine has probably a wider range of value in these cases than any of the others mentioned. In small doses it acts as a general tonic; stimulates the vaso-motor system, controls the capillary circulation, produces contraction of the uterine tissues, and there-

by relieves congestion. Iron should not be used if there is a tendency to profuse menstruation, or metorrhagia; neither should phosphorus, as it is also liable to increase flooding. The mineral acids cleanse the tongue, give relish to the food, and aid digestion. Strychnine may be given in combination with iron and quinine, or it may be alternated with these agents at suitable periods. In old chronic cases, more especially of a scrofulous diathesis, the syrup of iodide of iron may be prescribed with good results. The *viburnum prunifolium* and *mitchella repens* will usually afford a good degree of satisfaction. They appear to have a special affinity for the generative organs, the *viburnum* acting as a sedative, and controlling the circulation, the *mitchella* giving tone and activity to the mucous membrane. Where a great deal of congestion exists, ergot and gossypium are the best agents to produce capillary contraction, and relieve engorgement.

Locally, there is no end to the treatment that has been adopted. The first thing, however, is to see that the os externum is sufficiently open to permit a free flow of the discharge. If any contraction exists, it may be obviated by making a few incisions with the knife, or snipping the external fibers with the scissors. This should be followed by hot water irrigations, which should be continued from fifteen minutes to half an hour, two or three times a day, if the strength of the patient will permit. If the case is acute, with extreme sensitiveness and congestion, the hot water may be followed by an injection of boracic acid, about five grains to the ounce. If not acute, an injection of liquid hydrastis and sulphate of zinc may be used.

Before making a local application, the mucus should be entirely removed. This may be done by a small piece of sponge antiseptically prepared, held by the dressing forceps, or by wrapping cotton around an applicator or uterine sound. The removal will be considerably facilitated by throwing a stream of water against the os, and sometimes introducing the uterine syringe a short distance within the cervix and washing out the canal. The parts are then ready for such applications as are desired to be made. In an ordinary case, I usually commence with an application of equal parts of tincture of iodine, carbolic acid and glycerine. The application is made with a camel's-hair pencil, or cotton wound around an applicator. It must be repeated suf-

ficiently often to bring the application in contact with every part of the canal. I then introduce within the cervix a suppository about an inch in length, containing five grains of iodoform, three grains of hydrastia, and half a grain of the extract of belladonna, sometimes adding a quarter of a grain of morphine, if the parts are very sensitive and painful. Completing the treatment by placing a pledget of cotton, saturated with glycerine, against the cervix, attaching a string to it, so as to be easily removed by the patient, after ten or twelve hours. If there are erosions on the external surface, they may be touched with the same application, every other day being sufficient.

If I fail with this treatment, after a reasonable time, I usually resort to nitrate of silver, forty grains to the ounce. In cases with fungus growths which bleed very readily, it will not do to use nitrate of silver, for it irritates the parts and increases the bleeding. A tent will frequently do well, for it will break down the fungi, and promote absorption through pressure; or the chloride of zinc, forty grains to the ounce, may be used with beneficial effect, the only objection being that it produces a great deal of pain. Another class of cases where nitrate of silver is not admissible is a soft engorgement of the cervix, giving it a doughy feel. Here the nitrate of silver irritates, and increases the ulceration and discharge. The nitrate of silver must not be continued too long, as it will harden the tissues and produce constriction of the cervix. Care should be taken to produce dilatation from time to time. Various other remedies are recommended, but I do not consider them as efficacious as those I have enumerated.

In old chronic cases I believe there is only one way to overcome the difficulty, and that is by the destruction of the mucous membrane. This may be accomplished by chromic or nitric acid, or caustic potassa. Applications of this character should never be made at the doctor's office, as they are liable to produce severe inflammation. If chromic acid is used, it should be slightly diluted with water, making it a thick pulp. It does not usually spread beyond the diseased surface, if moderate care is used. An application of nitric acid is best made through a Ferguson speculum. The cervix should be packed around with cotton saturated with a solution of soda; the canal then wiped dry, and the application made by a probe armed with cot-

ton saturated with the acid. A stream of water should then be thrown on the cervix, and afterwards a pledget of cotton soaked with glycerine introduced into the vagina. The patient should remain in bed for a few days. After the mucous membrane has sloughed, mild applications of carbolic acid should be made. In the meantime, the hot-water irrigations should be continued daily.

Instead of the nitric acid, potassa fusa cum calce may be used. I think it the more preferable agent, as it is not likely to destroy as much of the surrounding tissues. After bringing the os into view, and wiping the parts dry, pledgets of cotton saturated with vinegar should be packed around the rim of the speculum; a stick of the potassa fastened into a caustic-holder, may then be introduced into the canal, and held for about a minute, after which the course pursued in the case of using the acid should be adopted. The membrane will slough off in about a week. Hot-water injections must be continued, and such other measures as may be necessary to prevent inflammation. After the membrane is removed, it will require only a simple dressing, care being taken to keep the cervix dilated.

If displacement or mechanical obstruction is the cause of the endocervicitis, they must first be remedied, before medical treatment can be of any avail. As long as the circulation is obstructed, so long will it be impossible to effect a cure. This fact must never be lost sight of in treating these cases.

IMPORTANCE OF CAREFUL DIAGNOSIS.

A FEW weeks ago there came to me a man suffering with a hard and painful swelling on the right metacarpus minimi digiti. Three weeks previous to this he had struck a hard surface with his clinched fist, since which he had been unable to use it on account of its stiffness and swelling. He went to his old family physician, Doctor Regular, who, after a short examination, pronounced it a sprain; prescribed a liniment, to be used with friction, and told the patient it would be all right in a few days. Under this treatment it became steadily worse. After several days more had elapsed, the doctor re-examined it, pronounced it an osseous tumor, and prescribed tr. iodine, friction, and pressure. Three weeks of this kind of treatment found it no better, when the patient came to me. After a careful examination,

I found it to have been a fracture of the incomplete, or green stick variety, and prescribed a straight splint, rest, and "let it alone." It is now nearly well.

This simple case very forcibly illustrates how seriously one can interfere with Nature, by a bungling diagnosis. The hard swelling was the provisional callus thrown out in the natural process of repair, and under the impression, first, that it was a sprain, and then a tumor, the Doctor was doing his utmost to prevent union by the natural process.

YOUNG PRACTITIONER.

HÆMORRHOIDS.

BY H. T. WEBSTER, M. D., OAKLAND, CAL.

(Continued from last number.)

INTERNAL HÆMORRHOIDS.—Varicosities may arise in the veins, arteries, or capillaries of the rectum; therefore we may have capillary, arterial, or venous internal hæmorrhoids.

Capillary hæmorrhoids are erectile tumors, made up largely of dilated capillaries, though small arterial and venous branches may be included. They are seldom of large size, not usually protruding far into the cavity of the rectum when that organ is dilated. Their surfaces are granular, and resemble nævi in general appearance. The most, and indeed about the only, noticeable symptom will be that of hæmorrhage. If a rectal speculum be introduced so that the surface of a capillary tumor is uncovered, minute jets of blood may be discovered escaping at different points upon it. The covering membrane is so thin that it is easily ruptured, and during each act of defecation more or less blood is mingled with the stool. Though usually not profuse, the bleeding which so frequently occurs may lead to serious results, finally, like a persistent though slight menorrhagia or metorrhagia, ending in anæmia and great debility. The tendency in this class of tumors is toward a change into either the arterial or venous form.

Arterial hæmorrhoids are masses of anastomosing arteries and veins bound together by connective tissue. There is usually quite a large arterial branch entering at the base, which often pulsates so strongly as to be distinctly felt by the finger. If wounded or caused to bleed, the escaping

blood is bright red, announcing thus its arterial source. The tumors are firm and smooth to the touch, and, like other forms, may become inflamed or prolapsed.

Venous internal hæmorrhoids may either arise from capillary tumors, by a process of gradual distension, or they may originate from primary dilatation of the superior or middle hæmorrhoidal veins. In appearance they resemble external hæmorrhoids, being bluish, livid, hard, smooth tumors. They usually emerge from the anus during defecation, the mucous membrane thus acquiring, from exposure and friction, a certain cutaneous character.

The *causes* of internal hæmorrhoids might properly be divided into two classes: First, those obstructing venous flow; and second, those causing *hæmorrhagic infarct* of the mucous membrane of the rectum.

I will only mention a few prominent ones among the first class; as, constipation, portal congestion, retroversion of the uterus, pregnancy, pelvic tumors, and enlargement of the prostate gland. The second class comprises all those mechanical influences brought to bear by the presence of hard, indigestible substances in the fæces; as, jagged bits of bone accidentally swallowed, the cores and seeds of various kinds of fruit, and other substances which might by friction disturb or arrest the capillary circulation of some portion of the mucous membrane. Capillary and arterial tumors doubtless often owe their origin to this cause, while primary venous tumors are most likely to arise from the former.

SYMPTOMS. As already stated, the first symptom of capillary hæmorrhoids, and indeed about the only one, is hæmorrhage. As enlargement progresses, more or less uneasiness will be experienced in the rectum, with dragging sensations in the small of the back, or sacral region. The escaping blood, when other symptoms are absent, may attract little notice, especially in menstruating women, for obvious reasons, and may continue for a long time without causing alarm—even until the subject may become very much prostrated from loss of blood. The pain attending internal hæmorrhoids is not of great consequence, usually, until the tumors acquire a sufficient length to become prolapsed within the grasp of the sphincter ani muscle. Then, during defecation they are forced from the anus, and the contracting sphincter, inclosing them in its grip, severe

pain attends, which is only relieved in many cases by a reduction of the strangulation, or by "putting them up." In elderly persons, the grip of the sphincter is so modified that less suffering attends prolapsed piles than in younger subjects.

A mass of prolapsed hæmorrhoids may consist of all three varieties of tumors intermingled—the capillary, the bright-red, pulsating arterial, and the bluish venous tumor, in one confused mass, though the prolapsed portion is most likely to consist of the venous kind purely. Where an examination fails to discover internal tumors, that ordinarily come down during defecation, the patient can usually force them through the sphincter, by straining and bearing down.

TREATMENT. This may be divided into palliative and curative. The former consists in the use of means to relieve present suffering, and comprises various remedial agents, as well as manipulation of the affected parts when strangulation occurs. The latter consists of the introduction of various coagulating agents into the substance of the tumors, by means of an hypodermic syringe.

Collinsonia is, without doubt, the most reliable remedy known for internal use here. Continued in small doses for a considerable time, it will hardly fail, if a tincture of the green plant is employed, to afford satisfaction to the patient. The prescription named under external hæmorrhoids would be a good one here. When hæmorrhage is a notable symptom, erigeron or hamamelis may be combined or alternated with it. But here we must not depend upon constitutional agents alone, especially where the patient is manifestly losing ground as the result of hæmorrhage. A rectal speculum should be introduced, the bleeding surface exposed, and styptics applied to the affected part. The persulphate of iron may be employed, but nitric acid is better, for it will not only arrest the oozing of blood, but will, in many instances, effect a radical cure of capillary tumors, the kind which will usually demand such treatment. Constipation should be prevented by the use of cascara sagrada, or properly-managed regimen, and all aliment avoided which might afford debris of an irritating nature for the fæces.

Some benefit might be derived, where there is severe itching, by the introduction of the rectal electrode, and the passing of the Faradic current through the parts for a few

moments, each day or every second day. The electrode should usually be attached to the positive, and a mild current used in the beginning.

Strangulation not unfrequently occurs, and demands our aid. It may arise through the irritation resulting from the grasping of the tumor by the sphincter; it is almost certain to result if the tumors be left down after an injection of an agent for radical cure. If these be well oiled, the patient placed upon the knees with face and breast flat down on a level with them, so that the force of gravity will aid, and firm, gentle pressure be made upon the swollen parts against the anus, with the bulbs of the fingers, reduction may usually be accomplished in a short time. Sometimes the abstraction of blood by the aid of the hypodermic syringe will assist this operation. If these efforts fail, cold applications—cold water or ice-bags—may be used a few hours, when the swelling will be sufficiently reduced to permit of easy reduction.

Before employing radical measures, we should be convinced that there is no irremovable obstacle existing to render our efforts abortive. Uterine displacement, tumors, pregnancy, or other provoking causes should receive a proper amount of consideration, in an estimation of the probable advisability of proceeding at once to an operation for radical cure. It would be a foolhardy move to attempt operative interference in such cases until the provoking cause was done away with. Hæmorrhoids in old men, complicated with enlargement of the prostate gland, should be prognosed with caution, and not too sanguinely attacked, lest the operator come to grief.

The use of nitric acid will sometimes effectually cure a capillary tumor. To apply it, introduce a bivalve speculum so that the diseased surface shall be exposed, and lay the flat side of a small wooden spatula, which has been previously dipped in strong nitric acid and afterwards held in the air until it has soaked into the wood, against the tumor for a second or two. The spatula should not be applied to the tumor while the acid remains upon its surface. This may radically destroy the capillary enlargement, and result in a cure. It may be repeated at intervals of a week or so for several times, if results warrant, and circumstances demand it.

Where arterial or venous tumors exist, the best method

of treatment, where prospects are favorable for a radical cure, consists in the introduction of coagulating material into the diseased masses, by the aid of the hypodermic syringe. It should be borne in mind that the withdrawal of the needle from an arterial tumor may be followed by a stream of bright red blood as large as a knitting-needle, which may continue to flow for hours, rendering the hæmorrhage a matter of serious concern. In arterial tumors, then, the agent injected should be powerfully styptic in its nature. I am in the habit of employing a saturated solution of the persulphate or subsulphate of iron (Monsel's solution) in water. The tumor should be well filled with this.

If the tumors can be forced down through the sphincter by the efforts of the patient, he should be instructed to accomplish this before the operation, thus doing away with need of the speculum; when this cannot be done, this instrument may be used to expose the tumor. In operations within the rectum, the surgeon should be provided with an extra long needle for the hypodermic syringe, which can be manufactured to order by any capable instrument-maker. It should be three or four inches in length. The formula for the carbolic acid, given under the treatment of external hæmorrhoids should be employed in the treatment of the venous tumors. It is not necessary to inject a large quantity of this, five or ten drops answering all purposes.

Before operating in the rectum, that organ should be thoroughly evacuated by the use of enemata of tepid water. After an operation upon prolapsed tumors, they should be returned to the bowel, for fear of resulting strangulation.

NASO-PHARYNGEAL CATARRH.

BY F. CORNWALL, M. D., SAN FRANCISCO, CALIFORNIA.

MUCH has been said, and much will continue to be said, about this omnipresent disease. The cry comes from all parts of the country, what shall we do to be saved from hawking, hemming, snuffing, and nose-blowing? Catarrh seems to be as much the fashion nowadays as ague used to be on the Wabash.

America is the home of catarrh, which is brought about from the vicissitudes of our climate, and the artificiality of our civilized life. The climate alone is not to blame for it,

as, were this the case, the lower animals too would suffer in a similar manner. We denude our necks and heads of the capillary growth, designed by nature for the protection of the delicate mucous membrane of the naso-pharynx and ears, and heap a great amount of clothing upon our backs to make us perspire. The feet and lower extremities are imperfectly clad in too many instances, so that by direct and indirect influences the mucous membrane is congested.

The condition of the digestive organs has much to do, often, with the cause or continuance of this affection, as all parts to which the pneumo-gastric nerve is distributed is in sympathy, through reflex action, with the stomach.

Then, how will we treat chronic naso-pharyngeal catarrh? First look to the clothing of the individual. Sometimes a laryngeal catarrh may be cured by allowing the beard to grow in cases of men who have been previously shaven. This might be said of the hair, but fashion is so absolute in its rule that a gentleman would scarcely risk being called a Missourian, for the sake of the probable benefit to be derived. Train your patient in regard to his or her habit of adding wraps (overcoat or sacque) while exercising, and leaving them off while resting in cool apartments. Correct any digestive ailment that seems to be present, and particularly constipation of the bowels. If your patient is a house-plant, get him out-doors. If he lives in a damp, humid, chilly atmosphere, send him to a dry and cheerful one. If there is a marked dyscrasia, give him potass. iod., ferrum iod., or arsenic. If there is a disposition, after the habits have been corrected, to continual cold-taking, think of giving quinine, phosphoric acid, nux, etc. Sometimes, and quite often, persons will present themselves for treatment, where the bodily functions seem to be so perfectly performed, that no medicine is indicated, and then we will have to rely wholly upon local remedies.

Looking over the literature of catarrh, you will find almost everything has been used locally. This is simply indicative that none of them are reliable in their action. There is a great deal of harm done by the use of very strong injections, or atomizations of this part, and how men who stand high in the profession can persistently use and recommend them, is a matter beyond my comprehension. Almost any of the vegetable or mineral astringents, used properly, will answer well. The cleansing process, preceding the use

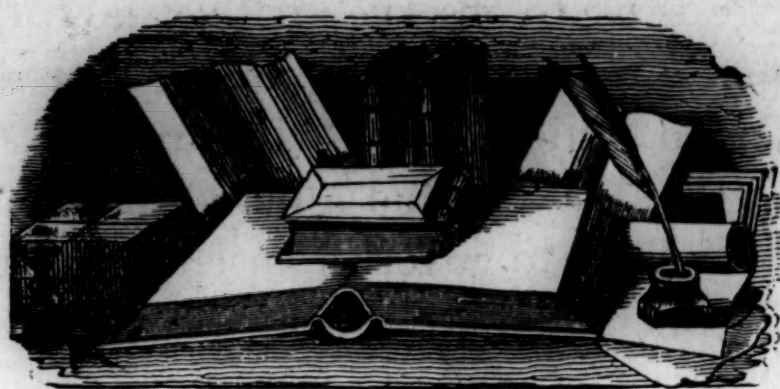
of the astringent, is of most importance. Bicarbonate of soda is the base of these solutions, and may be prepared as follows: \mathcal{R} sodæ bicarb.; sodæ biborat., \mathfrak{Z} ss; acid carbol., gtt. x; aquæ, ad. \mathfrak{Z} xvi. The astringent may be alum, chlorat. potass., tannin, chloride zinc, sulph. zinc, etc. The zinc salts should never be used in the nose, as they destroy the sense of smell. Any of the above may be used from three to five grains to the ounce of water. The strength can be greater in the pharynx or larynx than in the nose. Nitrate of silver and iodine are good remedies in the throat, where you wish to remove hypertrophies. Iodoform fails to take the place of iodine in the throat, the beneficial effect of the former being confined to ulceration, in which cases it is a specific. All these remedies, with the exception of iodoform, should be used with an atomizer similar in its action to the Richardson's double bulb rubber atomizer. Treat the throat gently, as more injury may be inflicted by awkwardness in such treatment than the astringents will do good. It is not so much the remedy used as the skill in its use that will produce a cure. Persistence in the use of remedies is an essential element of success. In fact, you should give your patient to understand something to this effect before you commence, and also that you cannot possibly wait for your fee until through with the treatment.

ESMARCH'S BANDAGE.

BY MEDICUS.

The surgeon who attempts to operate nowadays without an Esmarch's bandage, neglects one of the most useful aids of which modern surgery may avail itself. In many instances an operation may be rendered so bloodless, by this contrivance, that the operator can see perfectly where every cut should be made.

Almost all operations on the extremities, where bleeding is likely to result, demand its use. In amputations no blood is lost when it is employed, and in operations for the removal of foreign bodies, as splinters, bits of broken glass, or other foreign bodies from the hands, feet or other parts, it serves a most excellent purpose, by preventing the flow of blood, which might cover the parts and embarrass the operator.



EDITORIAL.

Ethics.—Much is said nowadays about the code. We are personally acquainted with the individuals who made the move in the New York State Society. We know them to be liberal gentlemen and quite eclectic in their views. Their surroundings and interests have had much to do in molding their opinions; being specialists, in which department of medical science there can be no great difference between methods of treatment, they have had opportunities of discovering the merits of other men besides those of their own school. Self-interest dictated to these men that it would be better to have the codal barriers removed, as they frequently interfered with consultations with irregulars, as they call us and the homeopaths, whereby a comfortable fee might be realized. All of us act from motives of selfishness, but some are so narrow they do themselves harm by their actions. The latter are jealous and bigoted, and such are the sentiments that prompted and keeps in existence the American Allopathic Code of Ethics.

These gentlemen of whom we speak, who inaugurated the liberal movement in New York, are wise enough to see at once their own interests and what is right and rational. We have evidence that there is not, of the eminent oculists, one in New York City but desires the old code done away with; and this shows just how much of the sentiment of love of humanity prompts the acts of the allopathic stickler for the code. He is fighting for what he conceives to be his own precious interests.

And this leads us to observe another fact, that it is impossible to find a real gentleman in the profession who adheres strictly to ethical rules. In our own school, or the homeopathic, should you find a man who sets up a professional rule by which to govern himself, that it is prompted purely by selfishness, and not by any desire to benefit humanity, is a certainty. A disposition to unfairness in consultation is a distinctive characteristic of the ethical allopath, and the physician, let him be of what school he may, who calls him, is likely to be insulted by his impudent assumption of dignified superiority. If this be virtue, we will encourage vice. If by these sentiments the world of science, and particularly medical science, is to be advanced, we fear the progress will be slow.

The time is certainly coming when professional attainments and gentlemanly conduct will be the only guide in consultations.

Climate of the Pacific Coast.—It may suit the convenience, pecuniarily or otherwise, of some of our Eastern friends to visit, or make a home in Oregon or Washington Territory, to take into consideration the health influences of these localities, and they may find instruction from a reliable source of value to them. One can hear, in the East, all kinds of stories of Oregon. One man will say that the climate is good, and another that it is miserable, etc. The fact of the matter is that some have been attracted to this country by exaggerated newspaper stories, and failing to realize the paradise anticipated, become thoroughly disgusted, and return home. This has been the case in the settlement of all new countries. Almost every one dislikes the climate of Oregon until they have lived there a few years. You might call this getting acclimated. Owing to the excessively long rainy season, with its gloom and chilly atmosphere, it can but be an undesirable climate in many respects, but when one resides there long enough for the *webs* to grow

on his feet, he gets to rather liking it. West of the Cascades, the climate is altogether different from that on the east, the latter resembling the weather of the Eastern States. West of the Cascades—the true Oregon—it rains nearly half the year, and two-thirds of the rainy season is cloudy. The temperature at this season ranges about forty to fifty, but owing to the dampness, it seems much colder.

This is not the place for asthmatics, nor rheumatics. The summers are beautiful, but from the decay of the heavy vegetation, the result of the rainy season, considerable malaria is produced. This is the home for all kinds of catarrhal affections. There are not many kinds of invalids whom we would advise to go to Oregon, yet many will have good health there. The change from some kinds of climate, quite different from this, might be suggested. That country might be compared favorably with what Indiana or parts of Ohio used to be, and yet these States would not like to acknowledge that they were not habitable. In Europe there is, in Holland, and many other parts, a damp, chilly, and gloomy climate, and yet, in these, a people of great longevity and endurance have arisen, and continue to thrive.

Oregon is not a sanitarium, to which you are to send your invalid friends and patrons, but very many persons derive a benefit from living there, as a change from other localities. Eastern Oregon and Washington Territory have a climate more like the Eastern States—cooler winters and warmer summers than western Oregon. There is an absence of the humidity of atmosphere and incessant rain and fog, and as a consequence, asthmatics and those afflicted with rheumatism may not have their affections aggravated. There is a great deal said about the coolness of the summers of Oregon and parts of California, and of its being so comfortable, but for our part we would, just for a change, like to get warm once. These cool evenings that require so many blankets on the bed to keep us warm, may be very pleasant to some, but we have known many instances where persons would

sneeze all night if their apartments were properly ventilated, despite the blankets. Fancy yourself taking a stroll with your love, with your huge overcoat and mittens on! It never gets cold in these countries but it gets *awfully* cool. Eastern Oregon and Washington Territory have a very good climate, and any one, the possessor of average vitality, may expect to find in it a comfortable residing place, but the prevalent American affections (catarrhal diseases) are not likely to get relief there. Diurnal vicissitudes of temperature are quite as great as in the Northern and Eastern States, but the winters do not get so cold nor the summers so hot.

Avena Sativa.—Some of our exchanges are amusing themselves by poking fun at *avena sativa*. The difficulty under which they labor seems to be that the common oat is so well known, and so extensively employed as an article of food, that it cannot possess marked medicinal properties.

We do not know that anything has been claimed for the dried kernel of the oat more than that it is a valuable article of diet. The *avena sativa* employed in medicine should be prepared from the green plant, when the kernel is in the milk.

We have no pecuniary object in lauding the virtues of this agent, and only offer our testimony in the interests of science. Nevertheless, we are willing to be laughed at, to the satisfaction of all, if that is to be the penalty of the declaration of honest convictions, arising from a somewhat extensive experience with the agent.

Let wiseacres laugh and sneer. "They laugh best who laugh last." We assert that *avena sativa* is the best remedy for neurasthenia extant.

A New Emmenagogue.—From experiments and observations recently made by Doctors Ringer and Murrell, it seems that the permanganate of potassium promises to become one of the leading remedies in cases of arrested menstruation

from catching cold. Very striking results have been found to follow its administration in young women, between the ages of eighteen and twenty-five, who had missed two or three periods.

One or two-grain doses of the drug in pill, three or four times a day, given for a few days before the regular time, will almost certainly bring on the flow, if the arrest be from the above-named cause. This is worth remembering.

It Don't Pay the Printer.—To our solicitous friends who have so kindly from time to time sent us advice as to the proper way of conducting the JOURNAL, we will say that we now have on hand a large stock that will probably last for several months. We realize with great thankfulness of heart, our unequaled advantages in this direction, and would not issue this notice were we not afraid that some might spoil on our hands. But we could even now supply a couple of new journals with enough of the article to make a fair start, provided they possessed a sufficient amount of the filthy lucre to pay the printer. These unappreciative fellows, however, refuse to trade their services and material for that kind of stock, and we consequently have to work it off in small lots of occasional contributions to the waste-basket.

Many kind words reach us through communications from our subscribers, but they are almost universally accompanied by something more substantial than criticism. That kind of fatherly feeling that expresses solicitude in the same breath with fault-finding, and at the same time is not interested enough to contribute to the financial status of our journal, has less comfort in it for us than a cold potato. It does not pay the printer nor buy bread and butter.

Gelseminum.—Gelseminum is one of the best, if not the most valuable, of all our arterial sedatives. In former time we did not fully appreciate this, for we were taught to look

for "the bright eye, contracted pupil, and full bounding pulse, with restlessness," before prescribing it, and this condition presented itself so seldom that it required a long time to become well acquainted with this priceless remedy.

Gelseminum is an agent of the greatest importance in almost all febrile and inflammatory states, unless there be pronounced indication of capillary congestion. It reduces excitement of the circulation, promotes secretion, calms nervous excitability, and is thus valuable, both in general febrile action and in local inflammations. We do not deny that it does good work where the bright eye, contracted pupil, etc., call for it. It is undoubtedly the remedy here; but we must not wait for this indication, for by so doing we would certainly neglect a valuable ally in many instances.

It is as universal in its application as aconite, not exerting a special influence upon the larynx and intestinal tract like that agent, but subserving other uses just as important. Its value in spasmodic conditions is too well known to require notice, but some may not know how well it acts in the treatment of malarial fevers. We can almost do without quinine in the treatment of this class of diseases, if we have a reliable preparation of gelseminum.

We usually combine this agent with aconite. The two, in small doses—say ten or fifteen drops of aconite to twenty of gelseminum, in four ounces of water, of which a teaspoonful given every hour will constitute a dose—answer the best of purposes in a large majority of febrile and acute inflammatory states.

An Enterprising Firm.—The firm of Parke, Davis & Co., of Detroit, Michigan, has, for the last few years, manifested surprising energy and ability in the manufacture and introduction of reliable remedies to the profession.

It is possible some have been introduced which do not possess all the merit that has been claimed for them, but

some of them certainly afford great advantage over old agents. We find their remedies reliable, as a rule. Their preparation of gelseminum is equal to the best we have ever used.

Reasoning vs. Clinical Facts.—It is sometimes amusing to listen to the practical way in which people dispose of matters against which their prejudices incite them. It seems difficult for Mohammed to go to the mountain, the mountain must come to Mohammed. "Why," said a rustic youth, who took the ground that the world is flat and remains stationary, "if the world turned around, dad's mill-pond would all run out. No, sir; no use to try to convince me that the world moves."

So it is with some who expect to give a logical reason for every clinical fact in medicine. Cures wrought by agents which seem to their senses to be inert or undetectable by scientific methods, are to them spontaneous cures. Nothing can drive the devil out of the mountain but the most powerful agents, and those appreciable to the senses.

But time wags on. The world moves. Prejudice is dying out, and bye-and-bye men will learn to accept clinical facts in defiance of fallacious reasoning.

Eighteen hundred years ago, as the Good Book hath it, a certain doubting Thomas was convinced, being allowed to put his fingers into the nail-holes. But to-day we find men who would hardly believe that the third decimal trituration of oyster shell could produce pronounced effects in serious and long-standing disease, even if surprising cures were performed more than once before their eyes.

And the idea that *avena sativa*, the common oat, should possess medicinal properties, after being used to feed horses so long!

Morphia Hypodermically in Asthma.—Our attention has recently been called to the value of the hypodermic use of the sulphate or acetate of morphia for the speedy relief

of asthmatic attacks. We have seen the time when we would have been glad to know of something that would give even temporary relief in these cases, and doubtless shall, in coming time, have occasion to employ this measure. A gentleman who has had a large amount of experience in the management of severe cases of asthma, asserts that a sixth of a grain of sulphate of morphia will thus relieve the dyspnœa, and permit the patient to go about his business as though there were nothing wrong, when half an hour previously he has been struggling painfully for breath. Try it and report briefly.

The Journal.—We insist that our friends, whomsoever they may be, subscribe for the JOURNAL. We will not ask you to take it through good-will more than a year. If we do not make it so interesting in that time that you will wish to continue because of its superiority, we will gracefully submit to your wish to discontinue. We intend, as we become more experienced as editors, that the JOURNAL shall become better each month. With the beginning of next volume we will make an effort to increase the number of pages.

So, kind friends, the little pittance (\$2.00) that you throw away for this or that useless thing, send to us and encourage, as we have the egotism to think, a worthy cause.

We would appeal again to our brethren to try to induce their intelligent patrons to subscribe. In this way Eclecticism may become favorably known.

We suffer the consequences on this coast of a set of charlatans, who used our fair name to forward their mercenary schemes, and the people must know the difference between us and them. Put the JOURNAL in the hands of thinking men of your community, whether your friends or not, and we hope to be able to eradicate erroneous impressions in this regard. Send us the names of young men whom you think would be likely to take a medical course, and we will send them an occasional JOURNAL.

Moreover, we want the addresses of all medical students and recent graduates, that we may send sample copies to them. Will our present subscribers kindly aid us in this matter, by sending the names of all eclectic physicians known to them, to our address at once?

Hydrastis.—The subject of hydrastis has been pretty well canvassed of late, and many have come forward to testify to its great efficacy as a remedial agent.

It may be that the drug does possess fine qualities in many directions, but we have rather grown, in the course of several years' experience, to regard the high laudation of it more as a piece of sentimentality than as an honest expression of practical experience; more as an indorsement of the testimony of the early fathers than a candid expression of results derived from the test of practical use.

In our own case, and we have suffered some of the torments of dyspepsia, it has always produced a sensation of burning distress; and though we persevered in its use for some time, its results were invariably negative as regards its value in irritation of the gastro-intestinal mucous membrane. If it has any value here, our opinion is that it stands very much below some other remedies in this respect. In gonorrhœa we would as soon expect good results from simple injections of cold water, in the acute stage. In gleet we have given it a fair trial in several obstinate cases, and must, in all candor, say that we consider it a very feeble agent. We could not now be induced to stake our reputation upon it in this condition, for we find other agents far superior.

The only place where it has ever exerted a pronounced effect for us, and such cases are rare, is myalgia—pain in the muscles upon motion, without pain when the muscles are at rest. In such cases it has done well for us. Yet we have only had opportunities to test it in half a dozen cases, perhaps, in fourteen years of practice.

Now this is a good illustration of how people will differ in the results obtained with a remedy. As we have remarked before, we do not all see through the same spectacles. Some of our physicians have, without doubt, had good results attend its use, and have arrived at a point where they intuitively comprehend its proper place. We have much to learn experimentally yet, before we can laud hydrastis as a reliable remedy.

FOR some reason a few of our subscribers did not receive the March number. If it has failed to reach any who have not notified us of the fact, we will consider it a favor if they will inform us by postal card. We publish a journal every month, and desire that each subscriber shall have one.

CAMDEN, N. J., March 17, 1883.

DR. CORNWALL: Please accept thanks for the sample copy of CALIFORNIA MEDICAL JOURNAL, and send it to me for one year from January 1, 1883. Enclosed find money order for two dollars.

I have treated gonorrhœa for the last few years with hydrastis sulph., morphia, chloral, etc., etc., sometimes adding belladonna to the injection when indicated, with most excellent results.

Will Dr. Bixby give us his experience in the treatment of syphilis? Give us a practical article on the treatment of all the phases of the disease. Yours respectfully,
GEO. R. FORTINER.

NORTH LEWISBURG, O., March 19, 1883.

F. CORNWALL, M. D., *Oakland, Cal.*: Your sample number of the CALIFORNIA MEDICAL JOURNAL was duly received. I am highly pleased with its bold advocacy of Eclectic principles. I have been fighting on that line for twenty-seven years, and my daily prayer is that when I cease to be a "modern physician," I may die speedily.

I am already taking nine monthly and three weekly medical journals, but will sit up a little later nights to read your "Pacific Coast News." Please find inclosed post-office money order for \$2.00, for which enter my name on your list for 1883, commencing with No. 1. Yours truly,

H. P. HAVENS.

WE are expecting some contributions from eastern subscribers for our next number. Let us also hear from different points on the Pacific Coast. Half-page articles which contain something practical or instructive will be welcome. Few are so busy that they cannot spare time to write that much. Speak out, brethren.

AFTER May 1st, all private communications to Dr. H. T. Webster, should be directed to Deerfield, Ohio.

MANUAL OF GYNECOLOGY.

By D. Benj. Hart, M. D., F. R. C., P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc., etc., and A. H. Barbour, M. A., B. Sc. M. B., Assistant to the Professor of Midwifery, University of Edinburgh, late President of the Royal Medical Society. Vol. II, with one lithograph and 210 wood-cuts. Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

THIS volume fully carries out the scheme laid down in the prospectus, and the two combined constitute a valuable work of reference. The illustrations are profuse and so arranged as to very clearly convey to the reader the ideas of the text. With a good knowledge of *materia medica*, as taught in the California Medical College, and this work, the practitioner would be well equipped for the management of any case of uterine disease. The publishers have certainly provided the profession with a desirable book.

A MANUAL OF HISTOLOGY.

Edited and prepared by Thomas E. Satterthwaite, of New York, Professor of Histological and Pathological Anatomy in the New York Post-Graduate Medical College, Pathologist to the St. Luke's and Presbyterian Hospitals, etc. Wm. Wood & Co., New York.

A copy of the second edition of this valuable work is before us, and needs no commendation at our hands. Those who can spare the time for the study of microscopical anatomy—and almost any diligent practitioner ought to find time for mental improvement—will find all the instructions in this work required for an intelligent investigation of the subject. The description of parts is plain and concise, and the illustrations amply sufficient for the purpose of demonstration to enable the student with a good microscope to pursue this study without a teacher.

SELECTIONS.

HERMAPHRODISM.

CLASS A.—SPURIOUS HERMAPHRODISM. Cases of spurious hermaphrodisism present no real difficulties to the medical jurist.

(1.) MANLY WOMEN (Androgynæ).

In some cases the growth of the hair and the development of beard, whiskers and mustache may suggest a question as to sex. Such a freak of nature, however, is consistent with perfect womanliness, as in the case of Julia Pastana. In the insane, and in old women, more especially in those where a certain degree of uterine absorption has taken place, and who have been unaccustomed to sexual intercourse since the change of life, such hirsute appendages are far from infrequent. *Per se*, therefore, excessive hair development has no real importance in determining sex.

Still it is unquestionable that in many cases where a certain manliness of the feminine character and instincts exists, combined with genital irregularities, such a development of hair constitutes one of the data upon which to base our decision as to sex. Thus, in one case, the growth of hair co-existed with certain other peculiarities that rendered the sex undefined.

We have now to consider some of the anatomical conditions which in the female may suggest a doubt as to sex:—

(a.) In most cases where females have been mistaken for males, *the enlarged clitoris* is the prominent feature. This condition uncomplicated with other malformations, such as adhesion of the labia, and prolongation of the urethra, can scarcely constitute a real difficulty. It would appear that in the tropics, an enlarged clitoris is of more common occurrence than it is in temperate climates. Frequently, but by no means necessarily, such increased development is the result of libidinous practices.

It is important to note the points of dissimilarity between an enlarged clitoris and a penis. The absence in the clitoris of the corpus spongiosum is the first distinguishing feature. Further, the clitoris is an imperforate organ, although exceptional cases are recorded where a female is said to have

menstruated through an opening in it. Neither, however, can the imperforate condition of the organ, nor the uncovered state of the glans, nor the hoodlike preputium clitoridis, be relied on as distinctive of the clitoris, because we meet with practically identical appearances in the penes of hypospadians. In addition to which the urethra in such cases also terminates anteriorly to the gland, in some instances grooving the under surface of the penis, a state of parts found by no means unfrequently in the clitoris. It is evident, therefore, that in considering whether the organ in question be a penis or an enlarged clitoris, general considerations, rather than special anatomical conditions, must constitute the data upon which our opinion should be based.

(b.) *Prolapsus procidentia of the uterus.* This condition could scarcely deceive a medical man.

(c.) *The loss of one or both ovaries.* This may produce a more or less manly appearance, a certain change of voice, etc.

(d.) *The absence or non-development of the uterus, or of the ovaries, or of both.* There are several cases on record in which no trace of either uterus or ovaries could be found, and we have ourselves seen such cases.

(e.) *Prolapse of the ovaries may stimulate testes.* This was originally suggested by Velpeau.

(2.) WOMANLY MEN. (Androgyni.)

These cases are commonly more obscure and difficult than the former. We shall consider in the first place:—

(a.) *Cases of delayed manhood.* There is a class of cases where the disposition of parts proves beyond a doubt the male character of the individual, while there is nothing anatomically to indicate a mixture of the sexes. Nevertheless, the genital organs may remain of very small size, the boyish voice continuing, and neither face nor genitals exhibiting any appearance of hair growth with advancing age. A smooth plumpness and softness of skin, and muscular development, a womanly nervousness, and the absence of sexual instincts or desires, may raise doubts, more especially if married, whether the individual be normal. This condition may last through life, whilst at other times a sudden manly development takes place.

It is to be remarked that in some of these cases the power of coitus, and even of prolific coitus, has been proved to exist.

(b.) Again, *mere adhesion of the penis may deceive parents*. Mr. Brand, in 1779, operated on such a case in a boy of seven, who, until then, had been regarded as a girl. (Brewster's "*Edin. Encyclopedia*," Art. Hermaphrodites.) It has been said that a similar *liberation* has occurred to the male organ of a supposed girl from the effect of jumping! Such cases are related by Livy, Shenkius, Montaigne, and Ambrose Paré.

(c.) *The entire absence of a penis, or the presence of a rudimentary penis only*, may prove causes of doubt.

(d.) A very feminine appearance may result from *non-descent of the testes* (or even of a testis), more especially if atrophy of the organ has taken place. Early castration may produce similar results. Of course a careful examination would at once dispel in such cases any idea of hermaphrodisism, because, although there may be no testicles, and possibly an ill-developed penis, sufficient indications of sex would be certain to be discovered.

At the same time it is to be observed that where the Turkish method of making eunuchs be adopted (*viz.*, by making a clean sweep of the genital organs), a hasty inspection of the parts might lead to the wrong conclusion as to the sex of the individual.

CLASS B.—TRUE HERMAPHRODISM. By true hermaphrodisism is implied the co-existence of certain of the genital organs, and a blending of the anatomical peculiarities of the two sexes, in a single individual.

Here the difficulties of classification specially present themselves, the subdivisions merely indicating for the most part the existence of an extreme degree of genital deformity of one kind over other genital deformities. The lines of demarkation are, however, far from being well marked.

The class of so-called true hermaphrodites may be considered under three subdivisions:—

(1.) *Cases where male organs (especially a testicle) are more or less developed on one side, and female organs (and especially an ovary) on the opposite side.* (Lateral Hermaphrodisism.)

Thus a testicle with its vessels, and other male organs, may be found on the left side, and an ovary with its vessels and other female organs on the right side, or *vice versa*. In some cases of lateral hermaphrodisism, spermatozoa have been found in the seminal fluid, whilst in others a periodical

menstrual discharge has been recorded, such conditions at once indicating the prevailing sex. In one case, however, not only were spermatozoa discovered in the secretion of the testicle, but regular menstruation from the age of ten was said to have occurred. The case is complicated, moreover, by the existence of double sexual instincts.

(2.) *Cases where the external organs indicate the one sex, and the internal the opposite.* (Transverse hermaphrodisism.)

Thus we have recorded instances where the external organs of generation resembled the male, and the internal the female. The enlarged clitoris in most of these cases seems to have been the principal cause of the masculine appearance, for internal organs left no doubt of the individuals being females. It is worth remarking that in a case on record two children born consecutively of one mother possessed this peculiarity.

Again, the external organs may resemble the female, and the internal the male. Many instances of this kind where doubt has arisen as to sex have been cases of hypospadias. The prominent feature of a hypospadiac is a cleft scrotum, a small imperforate penis, the opening of the urethra being underneath. Various other conditions, however, are recorded. Thus sometimes each half of the scrotum contains a testicle. At other times, and most commonly, a testicle is found on one side only, whilst occasionally no solid body can be detected on either side of the cleft scrotum, the testicles being retained in the groin or abdomen.

These cases constitute a source of great trouble to friends. In many instances the children are named, baptized and brought up as girls, years passing before the mistake is discovered. In many cases it would seem that the fact becomes apparent when the child is about fifteen or sixteen, not unfrequently from the descent of one of the testicles causing a lump in the groin. But there are cases where the error remains uncorrected for a longer period. Thus in two cases the individuals were twenty-six and thirty-three respectively before the true sex was discovered. And more remarkable still is another case, where a person at sixty, who had all his life passed, and even been married as a female, possessed well-formed testicles, a true vas deferens and vesiculæ seminales.

That in many of these cases there is a certain blending of the sexes is certain, although, at the same time, much allow-

ance in this respect must be made for education and associations.

It would seem that cases of hypospadians are amenable to surgical treatment. (See "*British Medical Journal*, Oct. 4, 1879, p. 554.

Cases of *epispadias* (*i. e.*, where the glans is split on the top, the bladder also as a rule being divided), need not detain us. It may be well to note that Professor Billroth states that he has seen two cases of double clitoris in female epispadians, both combined with prolapsus vesicæ. ("*Medical Times and Gazette*," March 12, 1870, p. 278.

(3.) *Cases of complex hermaphrodism* (Vertical or Double Hermaphrodism.)

This division comprises the many cases not included under lateral and transverse hermaphrodism. In certain rare instances (1) ovaries are associated with both male and female passages. In other also very rare cases (2) testicles are similarly associated, whilst in a third subdivision (3) both ovaries and testicles co-exist in the same individual.

In two cases periodic menstruation and a seminal secretion containing spermatozoa are recorded as occurring in each case.

It is neither easy, nor as a rule necessary, for the purpose of the medical jurist, to classify the cases of doubtful sex. It may be taken as a general fact that external malformation invariably indicates some internal defect or irregularity.

Sexless Beings.—Individuals are occasionally found presenting precisely opposite characters to that of hermaphrodites—namely, beings that have the essential features of neither males nor females; in other words, where neither sex doth prevail.

In one case the sex of a living child was doubtful, both penis and vagina being absent. In two other cases, where there was an entire absence of the lower part of the abdomen, it was impossible to form any opinion of the sex of children born apparently at full term.

Again, cases are recorded where, although there may be no admixture of the generative systems, a considerable difficulty arises from a want of completeness in the sexual organs. Thus in one case the sexual desires were distinct, a vicarious menstruation occurred, vagina and ovaries were present, nevertheless the uterus was wanting.

On one point we may in such cases be quite certain, viz., that a true sexless being cannot contract a marriage. A matrimonial separation has been sought on this ground.

Concealed Sex.—These cases on examination present, as a rule, no difficulty. For some reason the individual has chosen to conceal his or her sex, and to pass off as belonging to the opposite sex to that to which he or she belongs. In many cases this is to be accounted for by addiction to gross forms of immorality. In my own experience of two cases this was clearly the object in view. It may, however, in some instances be mere eccentricity.

IF THE INDIVIDUAL IN QUESTION BE MALE OR FEMALE, OR BOTH IN ONE, IS IT CAPABLE OF PROCREATING ITS KIND?

We need only remark here that although there can be no doubt that the great majority of so-called hermaphrodites are sterile, yet that spermatozoa have been found in the seminal secretions of certain of these individuals.

Mr. Savory's sheep is almost eclipsed by Sir Everard Home's bull (*"Phil. Trans.,"* 1799). This animal had begotten five calves. It possessed ordinary male organs, and had the general appearance of a male, except in the flanks and hind-quarters. It possessed, however, in addition, an udder and teats affording milk, and a small vagina capable of admitting the male organ.

CONCLUSIONS. 1. Given the presence of testicles, or of a testicle, wherever they or it may be placed, and of a single opening communication with a bladder and not with a uterus, more particularly if there be seminal emissions containing spermatozoa and an absence of periodic hemorrhages, the individual in question is to be accounted as belonging to the male sex, and that independently altogether of anatomical malformations, such as the presence of an imperforate penis, or even the entire absence of a penis, or the existence of feminine configuration and instincts.

2. Given the presence of ovaries or of an ovary, more particularly if there be periodic hemorrhages, the individual in question is to be accounted as belonging to the female sex, and that independently altogether of anatomical malformations, such as the existence of a penis-like body, or of male configuration and instincts.

3. Given the presence of glands that may be either ovaries

or testicles, and the precise nature of which there is a difficulty in deciding; or, given the absence of both ovaries and testicles, together with, in either case, the absence both of seminal emissions and periodic hemorrhages—then the presence of a uterus, and of a second opening below and distinct from the opening to the bladder, must be sought for. If a uterus or a second opening of the nature described be found, the individual is to be accounted as belonging to the female sex, and that independently of anatomical malformations, or of male configuration and instincts. But if, on the contrary, there be no uterus, and no second opening below and distinct from the opening to the bladder, then the male sex is strongly indicated.

4. When the anatomical conditions are so evenly balanced that neither sex seems to prevail, the existence of periodic hemorrhages are to be regarded as strongly indicative of the sex being female, whilst, on the other hand, the existence of emissions is strongly indicative of the sex being male. In the latter case, however, if spermatozoa in such emissions can be detected, the proof that the individual is of the male sex is complete.

5. The sexual inclinations, the habits and tastes, and the general conformation of the body should in all cases be considered. If they support the conclusions based on the principles laid down in the preceding paragraphs, they may be regarded as valuable confirmatory evidence. But if, on the contrary, they fail to confirm, or even appear at variance with, such conclusions, they may then be entirely disregarded.

EXAMINATION OF CASES OF DOUBTFUL SEX.

(a.) In the case of *infants*, inform the parents and friends at the earliest possible moment after birth, that certain abnormalities exist, rendering the sex of the child doubtful, but give no decided opinion as to the sex that doth prevail until, at least, the child arrive at puberty. It is well that the name in which the child is baptized should be one that would answer for either sex.

(b.) Watch the infant closely year by year, noticing particularly (1) its physical development, and (2) moral characteristics; viz., tastes, habits, and propensities.

(c.) Remember that the recorded cases of a similar kind show that the probabilities are greatly in favor of the child belonging to the male sex.

(d.) In the case of adults, the medical jurist should believe nothing but what he can absolutely prove. Mere statements, whether from friends or from the individual, as to seminal emissions or menstruation, are not to be trusted.

(e.) So-called "*seminal emissions*," in the absence of a well-marked male organ, and particularly in the absence of spermatozoa, constitute evidence of no practical value as indicative of the individual in question being a male.

(f.) So-called "*menstrual discharges*," unless such discharges can be proved to be periodic, constitute evidence of no practical value as indicative of the individual in question being a female.

(g.) But, independently altogether of anatomical peculiarities, it is certain that the emission of a fluid containing spermatozoa affords the strongest possible evidence of the individual in question being a male, and that in like manner periodic hemorrhages from any opening about the genitals afford the strongest possible evidence of the individual being a female. Such emissions and discharges must, however, be most minutely and personally investigated by the jurist, and not received on the testimony of others.

(h.) Carefully note the general conformation of the individual as follows:—

(a.) The width of the shoulders and hips. (In the male the shoulders are usually wider than the hips, while in the female it is the opposite.)

(b.) The development of the muscles.

(c.) The distance between the pubes and umbilicus, and between the umbilicus and scrobiculus cordis. (In the male the distance between the pubes and umbilicus is shorter than between the umbilicus and scrobiculus cordis, the reverse being the case in females.)

(d.) The extent to which the sexual hairs extend toward the umbilicus. (The sexual hairs extend higher toward the umbilicus in the male than in the female.)

(e.) The general development of the hair of the face.

(f.) The development of the breasts. (Here note not so much the size or adipose growth of the breasts, as the development of the glands and nipples.)

(i.) The precise position of the orifice through which the urine passes:—

If a penis-like body exists, the questions to be considered are (1.) Whether it be perforate or imperforate? (2.)

Whether it has a free and distinct prepuce, or whether the hood-like cover of the organ is connected (as is usual in cases of enlarged clitoris) with what answers to the nymphæ? (3.) Whether the corpus spongiosum is or is not developed?

There yet remains two further anatomical characteristics, to which it is needful in deciding questions of sex to give the greatest possible attention:—

(k.) *The presence of a Vagina and Uterus.*

All openings about the genital organs must be carefully sounded in order to determine their precise depth and direction.

Mr. Curling points out that one of the chief diagnostic signs on which to rely in determining sex in the living, is the presence of a second canal below the urethra and in front of the rectum, either opening separately in the perinæum, or branching off from a common canal opening externally. Mr. Curling states that a second canal "is never met with in any malformation of the male organs," and if present "is sufficient to enable the practitioner to decide satisfactorily on the sex being feminine." (*Medical Times and Gazette*, Vol. XXV., p. 85.)

(l.) *The presence of Ovaries or Testicles.*

As we have already said, the genital glands are the only real test of sex. Hence, it is most important to examine these organs with the utmost care, to determine if possible their precise nature. Virchow has pointed out that the softer the body, the more likely it is to be a testicle.

In the ovary, the firm basis of connective tissue preponderates greatly over the gland-like structure of the Graafian follicle. In feminine hermaphrodites the ovaries are often imperfect, and appear as small, hard, atrophied formations, without follicles. Such a condition of the ovaries may occur, too, at early periods of life in virgins, as well as at later periods from inflammation.

To decide that a given body is a testicle, one would demand at any rate that some solitary seminal tubule should exist, seeing that in the normal testicle these tubules are present in such numbers that on section the organ appears almost to be made up of them and nothing else. No doubt in cryptorchids the testicles may become diminutive, but they never become hard and fibrous like the ovaries, but more often soft and relaxed.

(m.) Lastly, it will be necessary to note carefully the sexual inclinations and desires of the individual. These, however, are not to be overestimated, seeing that sexual feelings may arise between individuals of the same sex. And so far as habits are concerned, education and general bringing up must be allowed their full value. Thus, a girl brought up as a boy will necessarily be more boyish than girlish in her habits and tastes, and *vice versa*.—From "*Legal Medicine*," by Charles Meymott Tidy.

REMEDIES FOR HEADACHE.

THE following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:—

Two grains citrate of caffeine, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objections to its use is sleeplessness, which sometimes result if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:

Muriate of ammonia, three drachms; acetate of morphia, one grain; citrate of caffeine, thirty grains; aromatic spirits of ammonia, one drachm; elixir of guarana, four ounces; rose water, four ounces. Mix. Dessert spoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, two grains, three times a day, after meals; maximum dose, five grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is one-quarter grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain of sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, two grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromines are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of thirty drops, largely diluted, three times a day, after eating, or phosphide of zinc, one-tenth grain, in pill, three times a day.

Arsenic as a nerve tonic, stands next in value to zinc. Dose, five drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The constant current should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the *London Practitioner*, says: The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seems to be checked, and the headache removed even more effectually by nitro-muriatic acid, diluted, ten drops in a wine-glass of water, or bicarb. soda, in water, before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer to the *London Lancet* remarks: At the Middlesex Hospital female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of ten minim doses of tincture of Indian hemp, three times daily before the attacks. This is well worthy of trial in those cases of ever-living, never-dying, martyrdom-like suffering.—*Hospital Gazette*.

SHOW GOODS.

BY A. J. HOWE, M. D.

I GENERALLY carry in my hip pocket a case of instruments for minor surgery, etc. In one of the folds there should be a few strips of litmus paper, red for alkaline fluids, and blue for acid products. The tests made with these simples are sub-

jectively valuable, and objectively captivating. Lately I obeyed a summons to see Mr. Simons, who lived in a "stone-front," and was evidently well-to-do. His family physician is an excellent gentleman, but not quite up in the ways of the profession. Mr. S. was about sixty and of a full habit. His difficulty attended urination. Only Tiemann's velvet-eyed soft catheters could be introduced into the bladder, and these instruments inflicted some pain in their passage.

I asked the doctor in regular attendance if the urine of his patient was acid or alkaline, as if the point was a valuable one, though I was as certain of the state as I am of my identity,—it was acid of course. However, I dipped a piece of red litmus paper in the urinal, and took it out with the same color. I next tried a piece of blue litmus paper, and it turned red in an instant. As I held up the test as a trophy, as well as to demonstrate the certainties of science when manipulated by expert hands, Mr. Simons seemed astounded. He looked upon the experiment as one on which his existence hinged. He said I must consult with his medical attendant as often as every other day, he could not be without such scientific services.

"Scopes" as a whole are valuable as diagnostic aids, yet they belong to the class of Show Goods. The hopeful yet expiring individual with fatal laryngitis is delighted to have his throat examined with a reflecting mirror. Although he cannot swallow tea or milk the next morning without some of the fluid flying forward through the nose, he feels as if he had been scientifically dealt with—he has passed the inspection of the wise.

Body thermometers and stethoscopes are most excellent adjuvants in the establishment of profound diagnosis, yet their entire value does not end with what they unfold in a morbid way. There are generally several persons who witness the display of instruments, and are more than willing to herald what they have seen,—they are ready to swear that the doctor had an instrument which enabled him to see the "vitals" of his patient.

Surgical splints and orthopædic apparatus, carelessly displayed in a physician's office, make fine Show Goods. They advertise the bounteousness of the medical man's supplies; they keep alive the idea that the possessor is surgically inclined. In the beginning these things go for more than they cost, and therefore bring profitable returns, yet they

alone will not accomplish much. If the exhibitor of these goods be a man of poor attainments, a set of patent splints is not able to turn the heads of discriminating individuals: The owner of a fine fishing tackle must show that he is an excellent fisherman before he can wear laurels among sportsmen. Not every man who owns a good rifle can enter the lists at Creedmoor.

The lesson designed to be imparted is that Show Goods have a place in professional matters, but that they should not be over-rated. The rural practitioner who affects to despise "fixtures," will find himself poorly fitted to occupy a higher plane in the profession. He may entertain visions of a more ambitious sphere, but his humble stock-in-trade will not elevate him. He will die without doing the best he could, which is a personal and public misfortune.—*Eclectic Medical Journal*.

GARRYA FOLIA FREMONTII.

HAVING recently devoted considerable time to the clinical study of various new antiperiodics, recently introduced to the notice of the profession, I wish to call attention more especially to the virtues of the California fever bush (*Garrya*). Although not properly a new remedy (as it has been employed as such by Californians for more than thirty years) yet its therapeutic properties are of so valuable a nature that it should be more generally known.

In this intensely malarial district (the South Arkansas River bottom) the fevers are of a malignancy equal to any in the known world, not excepting the Deccan, the Madras Presidency, or the Gold Coast of Africa.

This season, being an unusually rainy one, has developed more malarial fevers, and of graver types, than for many summers precedent. Scarcely a family, black or white, has escaped serious illness. Congestion of stomach and bowels in the adult and of brain and spinal cord in children, obtained in greater or less degree, in all cases. In nine out of ten cases of children under five years old clonic convulsions would occur within two or three hours after the inception of the fever, and unless early and active treatment was instituted, a fatal result ensued. Ordinarily the convulsions were controlled by twenty to forty minim doses of chloroform in olive oil, repeated every ten or fifteen minutes, and at the same time three or four grains of ipecacuanha, until

complete relaxation was obtained. Calomel and blue powder, three or four doses, at intervals of three or four hours, and, as indicated, veratum, aconite, gelsemium, cold affusion with tepid sponging; and as soon as the first indications of a remission were perceptible, large doses of equal parts of quinine and cinchonidia with mono-bromate of camphor, were given every hour for several doses, and then at longer intervals. Under this treatment cases recovered in three or four days, but after I commenced using the garrya in addition to the above remedies, the duration of the fever was shortened about one-half. I gave to children of five years, fluid extract garrya, twenty to thirty drops every two hours, in warm syrup of horehound, when the fever was high, and at longer intervals during the remission. In several cases, both of adults and children, after exhausting every other remedy without benefit, within twelve hours after commencing the use of garrya the fever would terminate, usually attended by profuse perspiration. No unpleasant symptoms were noticed attributable to the medicine.—*J. B. Garrison, M. D., in Western Medical Reporter.*

THE AMERICAN VS. THE EUROPEAN PROFESSION.

IN reading the foreign journals, one cannot but be struck by the frequency with which he encounters reports of remarkable operations, and clinical histories of peculiar phases of disease, as compared with similar reports in our own medical periodicals.

We have often reflected on this and wondered at the cause.

The body of an American is formed on the same principles, and subject to the same pathological and physiological laws, as that of the European; it is but reasonable, then, to suppose that it would be affected by the same injurious agencies in the same morbid manner.

We have in this country a large number of persons, and a great army of physicians; the same diseased conditions must obtain, and the necessity for similar surgical procedures must exist.

Why, then, is it that in English journals we read of nephrotomy and nephrectomy, of gastrotomy and oesophagotomy, of removal of the larynx, and the like?

Why do we find reported cases of "acute traumatic ma-

lignancy?" Why do we read lectures on "the pre-cancerous stage of cancer," and innumerable other odd and singular phases of diseased condition, evidencing, as they do, acute observation of facts, and accurate generalization from them?

Our profession, as a body, will compare favorably with that of any nation of the world. We have original thinkers, accurate observers, and broad generalizers. We are not any more conservative than our brethren of other countries.

Why, then, is it that we do not read in our journals similar cases to those reported in the medical press of England, for instance?

We imagine that the explanation is to be found in the fact that the physicians of this country do not thoroughly realize the importance of the medical press, and therefore do not cultivate it as they should.

This is one reason; this is why we do not read more practical clinical reports of unusual cases; and the unfortunate habit of looking to older countries for innovations in practice, makes us hesitate to try new operations until their utility has been demonstrated for us.

There are some American physicians who write too much, but the great majority do not write enough.

Medical journals are the vehicles of interchange of thought and experience between the members of the profession; and a physician should make it a rule always to report every case that may occur in his practice in which any phenomena may present themselves that he does not find recorded in his text-books.

But he should be short and explicit. Many an otherwise good communication has been rendered worthless by being too *long-winded*—the valuable points have been smothered in a lot of trash.

When a man feels sure that he has something *new* to report, he should reflect how he can say what he has to say in as few words as possible. He will thus prepare an article that will be readable, as well as valuable, and will not encroach unnecessarily on the limited space of a good journal.

Physicians should likewise cultivate the habit of independent thought and reasoning in their practice; and should not, as so many do, practice strictly according to the rules laid down in the books.

Short, practical communications are always of value, and the profession of our country should make it a rule to prepare them more frequently.—*Medical and Surgical Reporter*.

ROSIN WEED, SIERRA SALVIA, MANACA, MENTHOL.

BY O. H. LAW, M. D., ORTONVILLE, MICH.

I HAVE had occasion to use in my practice, several pounds of fluid extract of rosin weed in the treatment of spasmodic asthma, and must say that the results, while satisfactory in each case, have in some been quite surprising. In one case in which the attacks during eight years had recurred so frequently and continued so long as to make life a burden, twenty minim doses of the drug three times a day, and continued during ten days, effected great relief after two days, and at the end of the course the patient, in her own words, was "a new woman." I have employed rosin weed in seven cases in all, and am highly gratified with the results.

I have given sierra salvia a trial, which, while it has not been sufficiently extensive to justify me in pronouncing it a failure, has, nevertheless not been attended with such results as to encourage its further use.

August 3d. I was called to see Alonzo Steele, æt. thirty-six. Three years previous he had had swelling of joints, etc. He now presented a clear case of rheumatism. As he stated that he had taken all the usual remedies for this affection, I determined to give manaca a trial. When he commenced the drug, the joints of both hands and feet were swollen and so tender that he was almost helpless. I ordered him to take five minims every three hours, and increase one drop in each dose daily until the physiological effect was produced. After he had continued in this manner for some time, not having produced any of the peculiar effects of the drug, I gave him drachm doses three times a day. After the second day, marked improvement set in, and continued to convalescence. He has not had any severe attack since, and his general health is also very much improved. He felt some pain and slight swelling in left hand once since, but he immediately commenced the medicine again, and this disappeared. I have never noticed the tightness about the head from the use of the drug, often reported.

October 3, 5 p. m. Was called to see Charles Everts. When I arrived, I found him in a stooping posture over the back of a chair, and in very great distress, with pain in his left side of chest. I could discover no other cause for the trouble than intercostal neuralgia. Here was a good case for menthol, and I had the following prepared:—

R	Menthol,	$\frac{3}{4}$ j,
	Alcohol,	$\frac{3}{4}$ j,
	Oil of Cinnamon,	\mathfrak{M} xxx. M.

With a hair pencil I applied this freely over the region of the seat of pain. In twenty minutes after the application, I took supper by the side of the patient, he being as well and comfortable as myself.

I keep menthol on hand constantly. — *Therapeutic Gazette*.

GELSEMINUM IN TETANUS.

TETANUS occurring in a female who had trodden on a piece of glass, and which was embedded in her heel, was treated with fluid extract of gelsemium sempervirens by Dr. John B. Read, of Alabama (*British Medical Journal*), with recovery of the patient. Knowing that the drug possessed the power of relaxing the voluntary muscles, he determined to try it in this case. It was given in twenty-minim doses every two hours, alternating with the same amount of liquor potassæ. Milk and soup were given frequently, although there was much difficulty in swallowing. By the second day there was slight improvement, the jaw was not so rigid, and the spasms were less frequent. But towards night the rigidity of the jaw returned, and the muscles of the chest became powerfully contracted. General spasms were frequent, and sometimes took place during sleep. The dose of the gelsemium was increased to forty minims every two hours. On the third day there was great improvement, and the remedy was continued in the same doses. At the end of the fourth day the jaws were entirely relaxed, and the spasms milder, and the intervals between them longer. The doses of the extract were then reduced to twenty minims, which were continued until the patient had entirely recovered. There was no vertigo, nor any of the symptoms which sometimes follow the use of gelsemium. The doctor advises its use in hydrophobia, and suggests that it be given sub-cutaneously both in tetanus and hydrophobia.—*Weekly Medical Review*.

A DIFFICULT LABOR AND FŒTAL MONSTROSITY.

BY B. DALEY, OSAGE MISSION, KAN.

ON the morning of the 7th inst., Dr. Stedman called at my house and asked me to go in the country some six and a half miles, to assist him in a case of obstetrics. He told me he had been engaged all night with a woman, at her second confinement, and that the woman had then been three days in labor breech presentation, and that he used the forceps at various times through the night, all to no effect. I arrived at nine o'clock on the morning of the 7th of February, 1883. Upon examination, found the breech well down in pubis, with no contraction of uterus. Advised ergot, thinking I could deliver the woman easily bringing down a foot, but in vain. I felt for a trochanter, and introduced my long Hodges forcep, one blade after the other, and locked, but forceps slipped, as with Dr. Stedman; for three trials all slipped. You may imagine, when the monstrosity had three legs, three arms, and two well-developed heads. The three legs were equally divided at the inferior part of one body, like a three-legged stool; and what we would take for the hind leg was one femur, and it was divided into two legs from the knee down, and had two well-developed feet, the toes fronting from the back of the other two legs, and feet in opposite direction, with anus in the center of the lower portion of the body, and no sex. The arms came out of the shoulders equally, being natural except the arm on one spine had two thumbs and four fingers. Both heads were well developed, with natural necks; both looking forward, where both the cervical vertebra came together into the first dorsal and formed one spine the balance of the way to about the last lumbar on first and second sacral, where it ended in an acetabulum. This monstrosity weighed fifteen pounds, and was of no sex.

Reader, you may imagine the difficulty in taking this child through an ordinary-sized pubis. The perineum was ruptured within one-fourth of an inch of the anus, as both heads had to come together, the mother, of course, being under the influence of chloroform. Up to date, the mother is doing well. The monstrosity was not obtained by any of the attending physicians, as far as I know.—*Peoria Medical Monthly*.

SAMPLES OF MISSOURI QUACKERY.

WE cull the following gems from Dr. King's address on Quacks and Quackery in Missouri:—

An old practitioner said that "Dover's Powder was a favorite remedy with him, as it would produce a gentle diaphoresis, and had a soothing effect on the mucous membrane of the brain." Explaining vicarious menstruation, the same doctor said: "The blood is stopped in the womb and forced through the fallopian tubes into the lungs."

"Mr. postmaster please send my male to the turn back post office as you please sir Any is in the office for me Dr. J. R. G."

A doctor said that "as soon as the lochia ceased to flow through the mouth, and were established through the vagina, the convulsions would cease." She had bitten her tongue.

A quack went for a regular physician to operate for strangulated hernia, which he said he had tried for two days to reduce by taxis. But arrangements were not completed before a red-headed boy rode up to the office and said: "You doctors needn't come; Bill only had a bile, and it's busted."

A quack rubbed a solution of plumbi acetatis on a woman's abdomen, and shortly afterward pulled up the clothing, and, showing the husband a discharge from the vagina, said: "There, now! don't you see? The medicine is absorbed already."

On being asked as to the health of his neighborhood, one said: "O, sickness is debating." On being further asked how he got along so well with the prevailing fevers, he said: "Well, I'll tell you, but I won't tell them d—d quacks out in the country. I take some soda, and put a little water in one glass, some acid in another; I then pour them together, and let the patient drink it while it is vesicating."

A female doctor was called to see a lady who was suffering from hemorrhage of the kidneys. The doctress stated that she "knew all about it—her father had the same disease—hemorrhage of the prostate gland."

One quack said he "gave the patient a little turpentine, as her bowels were a little gastric."

Another told a gentleman who had synovitis of the knee-joint that "there was a rheumatic worm in the joint, eating up the asphaltum."

A root doctor has but three medicines, all made from the same root. He calls them respectively "Hibobalorum," "Lobobahirum," and "Hi-lo-bustem." One is a cathartic, another an emetic, another, last, "a rank pizen," which will bust his patients open. He makes the first by peeling the bark downward, the second by peeling it upward, and the last by peeling it around.—*Peoria Medical Monthly*.

SMARTWEED AS AN EMMENAGOGUE.

THE *Medical News*, in a recent editorial, directs attention to the emmenagogue properties of the *Polygonum Hydro-piperoides*. As an emmenagogue it is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systemic depression and is contra-indicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind with a sluggish circulation, cold hands and feet, and general depression, are also benefited by this remedy. The best form for administration is the fluid extract in five to thirty minim doses, mixed with glycerine and wine, three or four times a day.—*Canadian Practitioner*

KAVA-KAVA.

KAVA-KAVA, well-known to travelers as the intoxicating drink of the Fijians, has lately been introduced as a cure for urethritis and gonorrhœa. From my own observations, I find that its chief action is to reduce the acidity of the urine, and it may be given with benefit in cases where there is an uric acid diathesis. I have found it very useful in enlarged prostate, as it has a very beneficial action on the mucous membrane of the bladder, and prevents any uneasiness which may occur during the temporary retention of the urine.—*British Medical Journal*.

SALICYLIC ACID IN NIGHT-SWEATS.

THE following powder is recommended by Dr. Könhorn in the night-sweats of phthisis: Acid salicyl. gr. 45, starch, 3 ijss, chalk, 3 ijss. The entire body of the patient is dusted with this powder at bedtime. The author claims to have obtained great success by this treatment. The same powder is employed in the Austrian army in sweating of the feet.—*Memorabilien*, November 15, 1882.

GRINDELIA ROBUSTA.

BY J. G. SKARO, M. D., ROCK DELL. MINN.

By the use of grindelia I have been enabled to relieve and cure many cases of asthma and bronchitis which had been treated by the usual remedies with no good results. In one case of asthma of twenty years' standing I commenced treatment by giving thirty minims of the fluid extract of the drug every three hours, and with instructions to the patient, if he felt the usual hard breathing returning, to use the mixture more frequently until relieved. The result is that the patient has not had the least asthmatic trouble since he commenced the use of this remedy.

Case 2. This patient is forty-nine years old and has had asthma, with bronchitis, for twenty-one years. The seizures have been so frequent and so severe during the last two years that he had not been able to obtain scarcely any sleep in the recumbent position. He has used almost every known remedy, but with no decided relief. I commenced treating him by giving:

Rx	Fl. ext. grindelia robusta,	$\bar{3}$ j.
	Fl. ext. yerba santa,	$\bar{3}$ ss.
	Simple syrup,	$\bar{3}$ ss. M.

Sig.—Take one teaspoonful of this every three or four hours during the day and oftener at night.

He was relieved considerably very soon, and after continuing this for over a week, I made him a prescription of:

Rx	Fl. ext. grindelia robusta,	$\bar{3}$ j.
	Fl. ext. belladonna,	$\bar{3}$ ij.
	Iodide of potassium,	$\bar{3}$ ij.
	Simple syrup,	$\bar{3}$ j. M.

Sig.—One half teaspoonful every four hours, and to be increased if necessary.

After one week's use of this he was much better—was able to sleep soundly all night and improved rapidly. He has on hand a bottle of the mixture, and whenever he feels the least symptom of hard breathing uses it and entirely controls the asthmatic trouble as well as the bronchitis.

I have also used this remedy in many other cases with success. When after giving it a fair trial alone and it does not entirely relieve them I combine it with iodide of potassium. This combination improves the therapeutic effects of both remedies in the treatment of asthma.—*Medical Summary.*

TO PREVENT SCARIFICATION.

ABSCESSSES about the neck are so apt to be followed by a disfiguring scar when they are either allowed to rupture or are opened with the knife, that some plan by which the pus may be evacuated without leaving a cicatrix is greatly desired. Dr. F. J. B. Quinlan (London *Lancet*) has adopted the following method in such cases: A long thin needle carrying a fine silver wire is mounted on a handle and passed through the abscess from above downwards, so as to favor drainage, the wire is drawn through and the ends are tied together. Lint wet with a spirit lotion is then applied and changed three times a day. By this means the pus is drained off, and when there are signs of puckering in the wounds, the wire is removed and a compress applied over the site of the abscess. He says that this treatment should be adopted as soon as suppuration has begun and while the pus is at least half an inch from the surface.—*Weekly Medical Review*.

FLUID EXTRACT DUBOISIA.

IRA DOAN, M. D., states in the *Therapeutic Gazette* that he made the following trial of fluid extract duboisia (*duboisia myoporoides*), from a small quantity left with him for experimental purposes.

In a case of phthisis three to five minims given at bed-time entirely relieved the night sweats, which had been very profuse and exhausting. The use of the drug was followed by no bad effect upon the appetite.

I was recently called to see a young woman suffering the most excruciating pain from vesical tenesmus, from inflammation of the urethra and neck of the bladder. I prescribed

R	Fl. ext. duboisia,	f 3 ss.
	Sulph. morphia,	gr. j.
	Simple elixir,	q. s. f. 3. j. M.

Sig.—Teaspoonful hourly until pain is relieved.

The next day the patient came to my office and said: "I never had any other medicine do me so much good in my life." Three doses had entirely relieved her. The effects of the drug were very marked at this time—twelve hours after the last dose—pupils dilated, double vision, and face flushed.—*Medical Summary*.

A CASE OF FIBROUS PAPILLOMA OF THE FEMALE BLADDER.

A CASE of fibrous papilloma of the female bladder was operated on by Frederick Thorne, its removal being effected through the urethra. The particulars of the case are given in the London *Lancet*, from which it appears that there was considerable hemorrhage, with symptoms of cystitis. An examination for stone was made, but failed to reveal the presence of one. Injections were used, but the one which seemed to control the hemorrhage best was one containing fifteen grains of alum to the ounce of water. Examination of the urine showed large numbers of round-tailed and spindle-shaped cells, and red blood discs of shriveled appearance. A small fleshy particle was also found in the deposit, in which there were blood vessels. An operation being consented to, the patient was placed under chloroform and the urethra rapidly dilated. On introducing the finger a large, soft mass was detected, which was attached by a pedicle to the base of the bladder. This was drawn out by the forceps, together with a portion of the bladder. The pedicle was transfixed by hooks and the mass removed. Tincture of iodine was applied to the stump of the pedicle, and it was then returned into the bladder, which was injected with iced water with ten per cent. of tincture of iodine. The injection washed out another mass nearly as large as the one removed. Altogether the growth was about as large as a lawn tennis ball. Ten days afterwards severe hemorrhage set in, large clots passing from the bladder every few minutes. Ice was used both over the bladder and in the vagina, and iced water with tincture perchloride of iron injected, but the bleeding was not arrested until gallic acid was given. After this the patient made a good recovery. The growth proved to be a papilloma with fibrous base.—*Weekly Medical Review*.

CASCARA AS A LAXATIVE.

DR. CARTER, of Liverpool, in an article on new therapeutic agents, writes to the following effect concerning cascara (*rhamnus purshiana*): The fluid extract prepared from the bark of this shrub, or small tree, is an excellent remedy in chronic constipation. I have used it now for two years, and have no doubt of its value. The fluid extract is reddish

brown in color, and extremely bitter. A very good method of prescribing it is in a mixture, with twice its quantity of glycerine, or one of the flavored syrups. Of this a fluid drachm should be given three times a day, and the dose be diminished as soon as its aperient action is developed. It is what may be termed a tonic aperient, and seems to produce an effect somewhat like that caused by belladonna and nuxvomica united with an ordinary aperient. It evacuates the whole canal. The motion is not watery, but usually semi-solid, truly feculent in character, and voided without difficulty, and so far from causing subsequent constipation, the bowels will often act regularly after its use has been entirely discontinued. I have used it so extensively, and the testimony to its value is so unmistakable, that it would be difficult to select particular cases to prove this.—*Medical Record*.

SUCCESSFUL NEPHRECTOMY.

LAWSON TAIT, in a woman twenty-four years of age, suffering with pyonephritis, made an exploratory laparotomy, but found the intestines so matted together over the diseased right kidney, that the operation had to be abandoned. The left kidney, however, was ascertained to be unaffected. After recovering from the exploratory incision, which speedily followed, she left the hospital temporarily improved. She returned, however, about fifteen months later, in wretched health, with purulent urine, and all the former symptoms, for the purpose of having the kidney removed. A transverse incision was made along the curvature of the ribs, about four inches long, cutting carefully down to the fat, which was very abundant. The kidney was removed by the fingers, and its pedicle tied with a silk ligature, which, with another which had been needed for a vein, was cut off short. The peritoneum was accidentally opened, and a portion of the liver exposed. A large drainage tube was inserted, and the wound then closed. The tube was withdrawn on the sixth day, and the patient made a good recovery; she is now in perfect health, and her urine normal. No carbolic acid, or other of the so-called disinfectants, were used in the operation.—*Medical Times*.

PARALDEHYDE: A NEW HYPNOTIC.—The actions of this drug were first studied by Doctor Cervello, of Palermo; and his experiments were made in the laboratory of Experimental Pharmacology at Strasburg, under the direction of Schmiederberg. Professor Morselli, of the Royal Asylum of Turin, has, in conjunction with Doctor Bergesis, the assistant medical officer, made an extensive series of observations with it. Its chemical composition is $C_6 H_{12} O_3$; and it is a polymeric form of aldehyde. In physiological action it strongly resembles chloral. A dose of three grammes procures quiet and refreshing sleep for from four to seven hours. It differs from chloral in its action on the circulatory system, strengthening the heart's action, while diminishing its frequency. It has also a well-marked action on the kidneys; greatly increasing the flow of urine. The skin is not at all affected. The drug does not give rise to digestive disturbances, to headache, or to any other unpleasant symptom. Up to the present, Professor Morselli has used paraldehyde about 350 times. He has found it a valuable remedy in mania, melancholia, and other nervous affections, as well as in the sleeplessness that accompanies acute bronchical catarrh, lobar pneumonia, and heart diseases.—*Brit. Med. Jour.*, Feb. 3.

A NEW SIGN OF PREGNANCY.—Jorissenne claims to have discovered a new sign of pregnancy. Graves long ago called attention to the fact, that in all cases of hypertrophy of the heart the radial beat remains constant, no matter what be the position of the body. Assuming that a hypertrophy of the heart exists in pregnancy, Jorissenne has found that, while in health there is a variation of from ten to twenty beats in the radial pulse, according as the body is in an upright or horizontal position, in pregnancy no such change is observed. He advises that the pulse should be carefully counted when the patient is standing, then when sitting, and then when reclining. He has been able to make out the existence of pregnancy as early as the first month by this sign, when the only other symptom was amenorrhœa. His explanation of the reason for this uniformity of the pulse is to be given hereafter.—*Boston Medical and Surgical Journal*.